Fill	in this information to identify your ca	ase:	" "	665、传统制于生物。						
Deb	otor 1 Douglas Edv	vard Tranter, Jr.								
	otor 2				_					
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PEN	NSYLVANIA						
Cas	e number 20-11543					Check if this is:				
(If kn	nown)					An amended filing				
						A suppleme 13 income a		oostpetition chapter wing date:		
	fficial Form 106I					MM / DD/ Y	YYY			
S	chedule I: Your Inc	ome						12/1		
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. (r spouse is not filing wi	th you, d	o not include inforn	nation a	about your spo	use. If more	space is needed,		
1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed			☐ Emplo	☐ Employed			
		Employment status	☐ Not employed		☐ Not en	nployed				
		Occupation	Prope	rty Manager						
	Include part-time, seasonal, or self-employed work.	Employer's name	US General Service Administration							
	Occupation may include student or homemaker, if it applies.	Employer's address	900 Market Street Philadelphia, PA Philadelphia, PA 19107							
How long er		How long employed t	here?	15 years						
Pai	rt 2: Give Details About Mor	nthly Income								
spoi	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo									
mor	e space, attach a separate sheet to	this form.								
					Fo	or Debtor 1	For Debte			
2.	List monthly gross wages, sala deductions). If not paid monthly,				\$	8,517.31	\$	N/A		

0.00

8,517.31

+\$

\$

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

ebtor 1	Douglas Edward Tranter, Jr.			Case no	ımber (if I	nown)	20-1	1543		
				For D	ebtor 1		E \$1000000000	Debto	r 2 or spouse	
Col	by line 4 here	4	١.	\$	8,51	7.31	\$		N/A	-
. List	all payroll deductions:									
5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	2,35	7.98	\$		N/A	
5b.	Mandatory contributions for retirement plans	5	b.	\$	6	8.14	\$		N/A	
5c.	Voluntary contributions for retirement plans	5	C.	\$	42	5.86	\$		N/A	
5d.	Required repayments of retirement fund loans		d.	\$	51	8.40	\$		N/A	
5e.	Insurance		e.	\$	26	4.38	\$		N/A	
5f.	Domestic support obligations		f.	\$		0.00	\$		N/A	
5g. 5h.	Union dues		g.	\$		0.00	\$		N/A	
	Other deductions. Specify:	5	h.+	\$		0.00	+ \$		N/A	
	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6		\$	3,63	4.76	\$		N/A	
. Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7		\$	4,88	2.55	\$		N/A	
8b. 8c.	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8	a. b.	\$ \$		0.00	\$_ \$_		N/A N/A	
	settlement, and property settlement.	8/	C.	\$			\$		NI/A	
8d.	Unemployment compensation		d.	\$		0.00	\$		N/A N/A	
8e.	Social Security	86		\$		0.00	\$		N/A	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f	f.	\$		0.00	\$		N/A	
8g.	Pension or retirement income	89	g.	\$		0.00	\$		N/A	
8h.	Other monthly income. Specify: 2019 Tax Refund (\$4700 divided by 12 months)		h.+	\$		1.66	+ \$		N/A	
Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	39	.66	\$		N/A	
) Calc	ulate monthly income. Add line 7 + line 9.	10	•							
Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	5,2	274.21	+ \$		N/A	= \$	5,27
I. Stat Inclu	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not.	dep						chedule	∍ <i>J</i> .	

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$ 5,274.21
	 ,

Combined monthly income

13.	Do you expect an increase or decrease within the year after you file the	is form?
	No.	

	No.
_	Voc

Yes. Explain: